

<b>Case Number:</b>	CM14-0159570		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/10/2009
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female who reported an injury on 08/10/2009. The mechanism of injury involved a fall. The current diagnosis is lumbar degenerative disc disease with radiculopathy. The injured worker was evaluated on 09/11/2014. Previous conservative treatment is noted to include medications, injections, a spinal cord stimulator trial, and physical therapy. The injured worker presented with complaints of persistent lower back pain with bilateral lower extremity symptoms. Physical examination revealed exquisite tenderness to palpation in the lumbosacral junction with paraspinous muscle spasm and no neurological deficits noted. Treatment recommendations included an L5-S1 anterior lumbar interbody fusion. It is noted that the injured worker underwent an MRI of the lumbar spine on 08/10/2014, which indicated moderate degenerative disc disease and disc bulge at L5-S1 with moderate bilateral facet hypertrophy and moderate bilateral neural foraminal stenosis. A Request for Authorization form was then submitted on 09/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**L5-S1 anterior lumbar interbody and fusion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremities symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, there was no evidence of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening. Therefore, the current request is not medically appropriate at this time.